

Exhibit 80

APPLICATION TO RENT

PLEX _____
 LT _____

 # _____
 \$ _____

DATE _____
 CALLED TO _____
 TIME IN _____
 DATE BACK _____
 TIME BACK _____

Muhinder Khalid M 619) 227-2623
 LAST FIRST M.I. (JR. SR.) PHONE NUMBER

SOCIAL SECURITY #	DRIVERS LICENSE #	Yes/No ARE YOU OVER 18	
PECTIVE RESIDENTS	RELATIONSHIP (or emancipated minor)	OVER 18 Yes/No	SOCIAL SECURITY #
		Yes/No	

ENCES	COMPLEX NAME	RENT \$ PAID
<u>33 Mt. Ada Road #1525D, CA 92111</u>		
ADDRESS APT # CITY STATE ZIP	MANAGER'S #	HOW LONG
<u>Muhi Khalid</u> APT # CITY STATE ZIP		

YOU EVER BEEN DELINQUENT IN PAYMENT OF RENT?	PLEASE EXPLAIN
YOU EVER BEEN EVICTED FROM ANY PROPERTY? YES	NO
ARE YOU LEAVING PRESENT RESIDENCE?	
YOU GIVEN NOTICE YET?	
	PLEASE EXPLAIN

JOYMENT						
EMPLOYER	ADDRESS	CITY	ZIP	()	PHONE #	HOW LONG
ISOR'S NAME	YOUR POSITION					GROSS SALARY
US EMPLOYER	ADDRESS	CITY	ZIP	()	PHONE #	HOW LONG
ISOR'S NAME	YOUR POSITION					GROSS SALARY
US EMPLOYER	ADDRESS	CITY	ZIP	()	PHONE #	HOW LONG
ISOR'S NAME	YOUR POSITION					WEEKLY

YOU RECEIVING CHILD SUPPORT?	HOW MUCH? \$	
YOU RECEIVING A PENSION?	HOW MUCH? \$	COMPANY
OR ADDITIONAL INCOME: \$		
YOU PROVIDE PROOF OF THESE INCOMES?		

USE ONLY			
nt Residence	Phone Number Called		
ing Party	Position	Length of Residency	
any NSFs?	How many Late?	Thirty Day Notice Given?	Rent/Mortgage per Month? \$
ents:		Date:	Employees Initials

us Residence	Phone Number Called		
ng Party	Position	Length of Residency	
any NSFs?	How many Late?	Thirty Day Notice Given?	Rent/Mortgage per Month? \$
ents:		Date:	Employees Initials

nt Employer	Phone Number Called	Length of Employment		
ng Party	Position of person that Verified	Salary? \$	WEEKLY	
e Paystubs? Yes	No	Tax Return (s)? Yes	No	New Employment "Offer Letter" required? *
ee Initials	Date:			

us Employer	Phone Number Called	Length of Employment		
ng Party	Position of person that Verified	Salary? \$	WEEKLY	
e Paystubs? Yes	No	Tax Return (s)? Yes	No	New Employment "Offer Letter" required?
ee Initials	Date:	(*Copies must be attached and must be equal to or greater than rental amount)		

onal Income Source	Phone Number Called	Length of employment	
ng Party	Proof of Additional Income Attached? (bank statement showing direct deposit, court order of child support, or trust fund, copy of Social Security, Disability or Pension Statement, notarized letter of parental support, Tax returns or Investment		
ents)	Employee's Initials	Date	Comments

- What's cut off?
- What's signature
of Muhi Khalid Rd
Address?

Credit References

CHECKING ACCT. BANK	ADDRESS/BRANCH	PHONE #	BRANCH #	ACCT. #
CREDIT REFERENCES	ADDRESS	TYPE ACCT.	ACCT. #	
CREDIT REFERENCES	ADDRESS	TYPE ACCT.	ACCT. #	

Personal References

#152

Omar Al-Bayumi 6333 Mt. Ada (619)227-7623 Friend
 NAME ADDRESS PHONE # RELATIONSHIP

NAME	ADDRESS	PHONE #	RELATIONSHIP
------	---------	---------	--------------

In Case of Emergency

Omar 6333 Mt. Ada Rosed #152
 NAME ADDRESS
Friend (619)227-7623
 RELATIONSHIP PHONE #

Automobiles

LICENSE #	MAKE	MODEL	YEAR
LICENSE #	MAKE	MODEL	YEAR

Other Vehicles:

PLEASE NOTE: EVERY ITEM MUST BE FILLED IN AND COMPLETED IN ITS ENTIRETY.
 REVIEW YOUR APPLICATION BEFORE YOU TURN IT IN TO THE MANAGER.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES
 VERIFICATION OF INFORMATION CONCERNING SAID APPLICANT. IT IS UNDERSTOOD THE FEE OF \$_____ IS
 NOT A DEPOSIT AND WILL NOT BE REFUNDED IF APPLICANT IS DECLINED.

APPLICANT	DATE
-----------	------

APPLICANT	DATE
-----------	------

APPLICATION TO RENT

PLEX _____

DATE _____

IT _____

CALLED TO _____

T _____

TIME IN _____

DATE BACK _____

\$ _____

TIME BACK _____

LAST HazmiFIRST NawafM.I. M(JR., SR.) PHONE NUMBER LAST HazmiFIRST NawafM.I. (JR., SR.) PHONE NUMBER SOCIAL SECURITY # DRIVERS LICENSE # Yes/No ARE YOU OVER 16

PPECTIVE RESIDENTS _____

RELATIONSHIP _____

OVER 18
(or emancipated minor)
Yes/No _____

SOCIAL SECURITY # _____

Yes/No _____

DENCES

333 MT. ADA #152 SD CA 92111
IT ADDRESS APT# CITY STATE ZIPCOMPLEX NAME RENT \$ PAID Sandi Aralia
JS ADDRESS APT# CITY STATE ZIPMANAGER'S # HOW LONG MANAGER'S # HOW LONG COMPLEX NAME RENT \$ PAID YOU EVER BEEN DELINQUENT IN PAYMENT OF RENT? PLEASE EXPLAIN YOU EVER BEEN EVICTED FROM ANY PROPERTY? YES NO PLEASE EXPLAIN ARE YOU LEAVING PRESENT RESIDENCE? YOU GIVEN NOTICE YET?

OYMENT

IT EMPLOYER ADDRESS CITY ZIP () PHONE # HOW LONG

VISOR'S NAME YOUR POSITION WK MO YR GROSS SALARY

US EMPLOYER ADDRESS CITY ZIP () PHONE # HOW LONG

VISOR'S NAME YOUR POSITION WK MO YR GROSS SALARY

US EMPLOYER ADDRESS CITY ZIP () PHONE # HOW LONG

VISOR'S NAME YOUR POSITION WK MO YR GROSS SALARY

YOU RECEIVING CHILD SUPPORT? HOW MUCH? \$ YOU RECEIVING A PENSION? HOW MUCH? \$ COMPANY ER ADDITIONAL INCOME: \$ YOU PROVIDE PROOF OF THESE INCOMES?

DE USE ONLY

nt Residence _____ Phone Number Called _____
ing Party _____ Position _____ Length of Residency _____
many NSFs? _____ How many Lates? _____ Thirty Day Notice Given? _____ Rent/Mortgage per Month? \$ _____
nents: _____ Date: _____ Employees Initials _____ous Residence _____ Phone Number Called _____ Length of Residency _____
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Credit References

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CREDIT REFERENCES	ADDRESS	TYPE ACCT.	ACCT. #	
CREDIT REFERENCES	ADDRESS	TYPE ACCT.	ACCT. #	

Personal References

2mar A1-Bayumi # 152
 NAME ADDRESS PHONE # RELATIONSHIP

NAME	ADDRESS	PHONE #	RELATIONSHIP
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In Case of Emergency

2mar 6333 Mt. Ada # 152
 NAME ADDRESS
 friend (619) 227-7623
 RELATIONSHIP PHONE #

Automobiles

LICENSE #	MAKE	MODEL	YEAR
LICENSE #	MAKE	MODEL	YEAR

Other Vehicles:

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APPLICANT 5/3

DATE 2/4/00

APPLICANT _____

DATE _____

LEX Factual

36 CFR 1256.56 - Privacy

APPLICATION TO RENTDATE 2-4-00

36 CFR 1256.56 -

CALLED TO

TIME IN

DATE BACK

TIME BACK

150\$ 7751-Bayrami Omar A.

36 CFR 1256.56 - Privacy

36 CFR 1256.56 - Privacy

(JR. SR.)

PHONE NUMBER

Yes/No
ARE YOU OVER 18

POTENTIAL RESIDENTS

RELATIONSHIP

OVER 18
(or emancipated minor)

SOCIAL SECURITY #

Yes/No

Yes/No

RESIDENCES

533 Mt. Ada Road #152 SD, CA 92111
ADDRESS APT # CITY STATE ZIP

COMPLEX NAME RENT \$ PAID

MANAGER'S # HOW LONG

The same
IS ADDRESS APT # CITY STATE ZIP

MANAGER'S # HOW LONG

COMPLEX NAME RENT \$ PAID

YOU EVER BEEN DELINQUENT IN PAYMENT OF RENT?
YOU EVER BEEN EVICTED FROM ANY PROPERTY? YES NO
ARE YOU LEAVING PRESENT RESIDENCE?
YOU GIVEN NOTICE YET?PLEASE EXPLAIN
PLEASE EXPLAIN

EMPLOYMENT

resident, Current Resident
US EMPLOYER ADDRESS CITY ZIP () PHONE # HOW LONG

WK MO YR

VISOR'S NAME YOUR POSITION GROSS SALARY

US EMPLOYER ADDRESS CITY ZIP () PHONE # HOW LONG

WK MO YR

VISOR'S NAME YOUR POSITION GROSS SALARY

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WK MO YR

VISOR'S NAME YOUR POSITION GROSS SALARY

YOU RECEIVING CHILD SUPPORT? HOW MUCH? \$
YOU RECEIVING A PENSION? HOW MUCH? \$ COMPANY
ADDITIONAL INCOME: \$
YOU PROVIDE PROOF OF THESE INCOMES?RE USE ONLY
nt Residence Phone Number Called
ing Party Position Length of Residency
many NSF's? How many Late? Thirty Day Notice Given? Rent/Mortgage per Month? \$
rents: Date: Employees Initialsus Residence Phone Number Called
ing Party Position Length of Residency
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rents: Date: Employees Initialsnt Employer Phone Number Called Length of Employment
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Employee Initials Date:us Employer Phone Number Called Length of Employment
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Credit References

B of A EI - Cajon PHONE # BRANCH # ACCT. #
 CHECKING ACCT. BANK ADDRESS/BRANCH

CREDIT REFERENCES ADDRESS TYPE ACCT. ACCT. #

CREDIT REFERENCES ADDRESS TYPE ACCT. ACCT. #

Personal References

Lauran 6333 - Mt Ada (619) 227-7623 Friend
 NAME ADDRESS PHONE # RELATIONSHIP

NAME ADDRESS PHONE # RELATIONSHIP

In Case of Emergency

Lauran 6333 - Mt Ada
 NAME ADDRESS
 RELATIONSHIP (619) 227-7623 PHONE #

Automobiles

LICENSE # MAKE MODEL YEAR

LICENSE # MAKE MODEL YEAR

Other Vehicles:

PLEASE NOTE: EVERY ITEM MUST BE FILLED IN AND COMPLETED IN ITS ENTIRETY.
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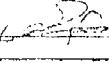
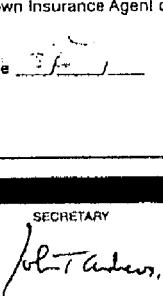
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Applicant

2/4/08
DATE

Applicant

DATE

ADDENDUM TO LEASE/RENTAL AGREEMENT																																					
RENTAL OFFICE STAFF: IMPORTANT INFORMATION <p>1. This document must be completed by you and signed by residents who accept or decline insurance BEFORE leaving the rental office.</p> <p>2. You must give residents and ACCEPT the insurance appropriate POLICY BOOK with the white copy of this form.</p> <p>3. You must be sure INSURANCE BEGINS AS NOTED HERE is completed by residents who ACCEPT the insurance BEFORE leaving the rental office.</p>																																					
Information <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Name and Address (Please Print Clearly)</td> <td style="width: 50%;">Community Information</td> </tr> <tr> <td>me Al Hazm</td> <td>Community/Facility</td> </tr> <tr> <td>me Al M. Homer</td> <td>Name: Parkwood</td> </tr> <tr> <td>6421 M+ Ada</td> <td>Number: 2216</td> </tr> <tr> <td>San Diego</td> <td>Staff Mem: 36 CFR 1256.56 - Privacy</td> </tr> <tr> <td></td> <td>Last Name:</td> </tr> </table>		Name and Address (Please Print Clearly)	Community Information	me Al Hazm	Community/Facility	me Al M. Homer	Name: Parkwood	6421 M+ Ada	Number: 2216	San Diego	Staff Mem: 36 CFR 1256.56 - Privacy		Last Name:																								
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Insurance Requirement <p>Resident agrees to maintain at its sole expense during the term of this lease and any subsequent renewal periods a policy of personal liability, issued by a licensed insurance company of Resident's selection, which provides limits of liability in an amount not less than \$25,000 per occurrence.</p> <p>I and the owner of this apartment community is a landlord renting residential space and: 1) is not responsible for loss to my property, and not provide insurance for me.</p> <p> Resident's Signature</p>																																					
YES, I ACCEPT the RenterPlan Policy. <p>RenterPlan policies include the following benefits (a copy of the policy is available for your review at this rental office)</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">Benefit</th> <th style="width: 30%;">Limits</th> <th style="width: 40%;">Deductible</th> </tr> </thead> <tbody> <tr> <td>Property:</td> <td></td> <td>Property:</td> </tr> <tr> <td>Personal Property - Excluding Earthquake</td> <td>\$25,000</td> <td>\$250 - per covered loss on all claims except earthquake.</td> </tr> <tr> <td>Additional Living Expense</td> <td>Included</td> <td>\$750 - per covered earthquake loss. (Additional Living Expense due to loss caused by earthquake is not subject to a deductible).</td> </tr> <tr> <td>Personal Property - Earthquake Limit</td> <td>\$5,000</td> <td></td> </tr> <tr> <td>Additional Living Expense</td> <td>\$1,500</td> <td></td> </tr> <tr> <td>Liability:</td> <td></td> <td></td> </tr> <tr> <td>Personal Liability</td> <td>\$300,000</td> <td></td> </tr> <tr> <td>Medical Payments</td> <td>\$1,000 Person/\$25,000 Accident</td> <td></td> </tr> <tr> <td>Workers Compensation:</td> <td></td> <td></td> </tr> <tr> <td>Residence Employees</td> <td>Statutory limits</td> <td>The information given here is only a summary of coverage provided by these policies and the policies contain other terms, conditions & limitations. Please refer to the full policy for more information.</td> </tr> <tr> <td>Employer's Liability</td> <td>\$100,000</td> <td></td> </tr> </tbody> </table> <p>Date Signed <u>2-4-00</u> Premium \$20.00 per month</p> <p>Please complete the Payment and Date Insurance Begins section to start your coverage.</p>		Benefit	Limits	Deductible	Property:		Property:	Personal Property - Excluding Earthquake	\$25,000	\$250 - per covered loss on all claims except earthquake.	Additional Living Expense	Included	\$750 - per covered earthquake loss. (Additional Living Expense due to loss caused by earthquake is not subject to a deductible).	Personal Property - Earthquake Limit	\$5,000		Additional Living Expense	\$1,500		Liability:			Personal Liability	\$300,000		Medical Payments	\$1,000 Person/\$25,000 Accident		Workers Compensation:			Residence Employees	Statutory limits	The information given here is only a summary of coverage provided by these policies and the policies contain other terms, conditions & limitations. Please refer to the full policy for more information.	Employer's Liability	\$100,000	
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Payment And Date Insurance Begins: I have accepted one of the options above and agree to pay the monthly premium shown my rent-due-date. I understand insurance begins only upon payment of initial premium and is conditional thereafter upon timely payment of premiums. I authorize the landlord or its agent to receive and transmit premiums to Deans & Homer on my behalf.																																					
Insurance Begins As Noted Here: <p><input checked="" type="checkbox"/> <input type="checkbox"/> New Resident: Enter the effective date of the rental agreement: <u>Month/Day/Year</u></p> <p><input type="checkbox"/> Current Resident: Enter your next rent due date: <u>Month/Day/Year</u></p>																																					
NO, I DECLINE both insurance options described. I agree to obtain insurance from my own Insurance Agent or Insurance Company during the terms of this lease as described in the "Resident Insurance Requirement" above.																																					
Name of Carrier _____ Policy # _____ Expiration Date _____ Name _____ Date Signed: _____ Name _____ Date Signed: _____																																					
Insurance Company Insurance is provided by  GENERAL SECURITY INSURANCE COMPANY In witness hereof, The Company has caused this policy to be executed and attested.																																					
Policy Questions and Claims RenterPlan Insurance Program for this apartment community is administrated by Deans & Homer, Insurance Managing Underwriters, CA License #0D1000. Report all claims to Deans & Homer. For answers to your questions write to Deans & Homer, RenterPlan Insurance Services, 340 Pine Street, San Francisco, CA 94104. Or call toll free: 1-800-548-1616 If you have a problem concerning this insurance which you are unable to resolve through us, you may contact Consumer Services Department of Insurance, 300 South Spring Street, Los Angeles, CA 90013-1230, or call them toll free at 1-800-927-4357.																																					
18. ©1998 DEANS & HOMER White-Resident's Copy Pink-Manager's File Copy Yellow-Deans & Homer Copy																																					

APARTMENT MOVE-IN / MOVE-OUT LIST

Community Postwood Resident John Apt. No. 150
 In Inspection Date 2-3-00 Move-Out Inspection Date _____

Issued _____ Keys Returned _____ Garage/Carport # _____

Request No.	Move-In Remarks	Move-Out Remarks	Maint. Dept. Comments
FIREPLACE			
WALLS / CEILING	OK		
WINDOWS / SCREENS			
FLOOR / CARPET			
DRAPEs / BLINDS	Needs Paint		
WALLS / CEILING			
WINDOWS / SCREENS / TRACK			
CARPET			
DRAPEs / BLINDS	Needs Paint		
WALLS / CEILING			
COUNTERS / TILE			
FLOOR			
CABINETS / CLOSETS			
STOVE / OVEN	old Stove		
DISPOSAL			
LIGHTS			
REFRIGERATOR	Wynite Old		
MICROWAVE			
DISHWASHER	Scraped		
CUTTING BOARD			
VENT HOOD / FAN			
SINKS / FAUCETS			
WALLS			
CEILING	NP		
FLOOR / CARPET			
OTHER			
WALLS / CEILING			
LIGHTS / MIRRORS	OK		
FLOOR / CARPET	Needs Paint		
CLOSET / DOORS			
DRAPEs / BLINDS			
WALLS / CEILING			
LIGHTS / MIRRORS			
FLOOR / CARPET	OK		
CLOSET / DOORS			
DRAPEs / BLINDS			
WALLS / CEILING			
LIGHTS / MIRRORS			
FLOOR / CARPET			
CLOSET / DOORS			
DRAPEs / BLINDS			
WALLS / CEILINGS			
WINDOWS / DOORS			
FLOOR			
MIRRORS			
TILE / GROUT			
LIGHTS / VENT FAN			
CABINETS			
FIXTURES / TOWEL BARS			
SINK / FAUCETS			
TUB / SHOWER / CAULK			
TOILET			
CLEANING			
DRAPEs / BLINDS	partially clean	complete / partial clean / replace	Mem
PAINT	None	full / flat / enamel	
CARPET	Shampoo	shampoo / dye / replace	35.00
WINDOWS			CUCAG 61.86
DOORS / LOCKS			
GARAGES			
SCREENS			
LIGHT FIXTURES			
AIR CONDITIONER			
SMOKE DETECTOR			
PATIO / BALCONY			
MISC.			
MISC.			
MISC.			

acknowledge the premises are being delivered in clean and good condition, and with no spots, stains, marks or damages, unless otherwise noted above.
 I inspected the premises prior to occupancy and accept this Move-In/Move-Out list as part of the Rental Agreement and agree that it is an accurate
 of the condition of said premises.

John
 Date 2-3-00

Resident(s) _____ Date _____

John
 Date 2-3-00

Resident(s) _____ Date _____

John
 Date 2-3-00

Management _____ Date _____

Parkwood Apartments
6401 Mt. Ada Rd., San Diego, CA 92111

March 3, 1998

Dear Parkwood Resident: Apartment # 150

As you may know, during the construction of many apartment communities, the mineral asbestos was commonly used for insulation, fireproofing and other purposes. As you may be aware, inhaling asbestos fibers can cause or contribute to many serious diseases. Under The Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65), asbestos has been listed as a chemical known to the state to cause cancer. However, the presence of asbestos in a building does not necessarily mean residents are being exposed to asbestos fibers in a way that presents a significant risk (under Proposition 65, or otherwise) and, we have no reason to believe residents in your apartment community are being exposed to any health risk from asbestos.

As part of our effort to provide you with a safe living environment, we retained an expert independent asbestos consultant to perform various inspections of our apartment communities. These inspections have been completed and our independent consultant has advised us asbestos is present in the *acoustic ceiling material and the floor tile*. Any risks posed by this asbestos can be virtually eliminated if simple precautions are taken. On the reverse side of this notification, we have provided a list of common sense precautions for your general information and to guide your living activities for the future. Full compliance with these precautions will virtually assure the asbestos containing materials are maintained in a safe and stable condition.

Finally, Proposition 65 requires that persons be warned of certain exposures to chemicals listed under Proposition 65. We have no reason to believe a health risk from asbestos is present in your apartment community.

If you have any questions concerning this letter, please contact me at (714) 862-6251.

Very truly yours,

WESTERN NATIONAL PROPERTY MANAGEMENT INC.

Jim Gross

Jim Gross
Asbestos Coordinator

JG: qc

I hereby acknowledge I have received a copy of this Proposition 65 notification.

Resident Signature

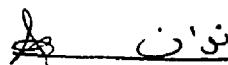
Resident Signature _____ Date _____

The Do's and Don'ts of Safely Maintaining Asbestos-Containing Materials

<u>Material</u>	<u>Do's</u>	<u>Don'ts</u>
Textured Ceiling	<ul style="list-style-type: none"> ~ Do notify your manager immediately about all ceiling damage. ~ Do notify your manager if you need to penetrate the ceiling for any reason. ~ Do notify your manager when your ceiling needs to be painted. 	<ul style="list-style-type: none"> ~ Do not attempt to clean your ceiling with a Broom, vacuum, cloth, or in any manner that may dislodge particles. ~ Do not store items on upper closet shelves in such a manner that could cause them to Scrape or gouge ceiling. ~ Do not use nails, screws, plant hooks, or puncture the ceiling in any fashion. ~ Do not scrape, bump, gouge, probe, or penetrate the ceiling for any reason. ~ Do not attempt to clean up any debris by yourself. ~ Do not place pole lamps or room dividers against the ceiling.
Vinyl Floor Tile Vinyl Flooring Common Area Flooring	<ul style="list-style-type: none"> ~ Do follow all manufacturer's instructions for cleaning and waxing your floor. ~ Do inquire with the manager if you are in doubt whether to use a particular cleaner or tool. 	<ul style="list-style-type: none"> ~ Do not drag heavy appliances across your floor in such a way that could cause them to scrape or gouge the floor material. ~ Do not cut, drill, sand, grind, or attempt any other physical disturbance of this material. ~ Do not use caustic or abrasive cleaners on the floor material.

**I have read and understand the "Do's and Don'ts of Safely Maintaining ACM," and agree to abide by these requirements to avoid disturbing these materials. I acknowledge that I may be held responsible for damages as a result of not complying with these guidelines.*


Resident Signature



PARKWOOD APARTMENTS

Community Policies

1. Residents shall conduct themselves at all times in such a reasonable manner as not to disturb or annoy other residents and persons, either in the rented unit or on the common grounds of the property, including any parking or recreational areas. Residents shall not conduct themselves in any manner, which will interfere with the rights, comforts, and/or conveniences of other persons on the premises.
 2. All musical instruments, television sets, stereos, radios, etc. are to be played at a volume which will not disturb other persons.
 3. Residents must keep their rented units clean and sanitary, and will not accumulate trash, garbage or other materials, which would cause a hazard, or be in violation of any health, fire or safety ordinance or regulation.
 4. Bicycles, play equipment, toys, or other articles are not to be left in the common areas.
 5. **No skateboarding! Skateboards will be confiscated by management for guardian to pick up at office.**
 6. Pool hours will be posted in the pool areas and are to be observed by all residents at all times. Persons under the age of fourteen must be accompanied by an adult, eighteen or older, when in the pool area.
 7. A maximum of two (2) guests at one time may use the pool area, provided a resident accompanies them.
 8. Residents may consume beverages in the pool area, providing all containers are unbreakable and all refuse is disposed of properly. All pool furniture must STAY IN POOL AREA.
 9. Fitness center hours as posted limit two (2) guests per apartment. Guests must be accompanied by resident and residents are liable for guests conduct.
 10. Cars, boats, other vehicles, or personal belongings are not to be parked or stored in the common area or parking areas, except in areas specifically provided for that purpose. All vehicles must be free from webs, currently licensed, registered and fully operational.
 11. Walking, playing in shrubbery or grass, and picking flowers is **STRICTLY FORBIDDEN!**
 12. Residents shall notify manager immediately in writing of any items within the unit or elsewhere on the premises that require repair or maintenance.
 13. Residents shall make no alterations or improvements to the premises, either inside the rented unit or elsewhere, without the prior written consent of the manager. Residents shall be liable for any repairs necessary during or after tenancy to restore premises to its original condition, normal wear and tear excepted.
 14. No clothing, curtains, rugs, etc. shall be shaken or hung outside any window, ledge or balcony.
 15. We ask that you do not remove verticals and hang drapes and that you do not cover windows with aluminum foil.
 16. For safety purposes, please do not place flowerpots on balcony railings.
 17. The playground closes at dusk. No one is to be in playground after dark!
 18. Please make sure your trash meets the dumpsters. Do not throw your trash over a fence. And if dropped along the way please pick up after yourself.
 19. Do not knock on the doors of staff members at night! You can page maintenance at 331-3458. If you have locked yourself out of your apartment we will unlock your apartment for a \$25 fee. Which you can pay in the office the next day.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE RESIDENT REGULATIONS OF THE PARKWOOD APARTMENT COMMUNITY.

If you notice anyone in violating of these policies please contact the office immediately. You can also call the San Diego Police Department at 531-2000, or our night monitor at 283-7315.

PERMISSION TO ENTER / PACKAGE AC

PERMISSION TO ENTER

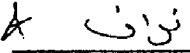
Resident(s) : **Nawaf Al Hazmi And Khalid Al Mihdhar**
Address : **6401 Mt. Ada Rd., San Diego, Ca 92111**
Apartment :

Phone Number :

Saul Hernandez
Maintance, Management, And Pest Control

I hereby authorize the above mentioned Maintance, Management, And Pest Control to enter my apartment to make necessary repairs under the following conditions:

To perform requested repairs or services.


Signature - Nawaf Al Hazmi

Date


Signature - Khalid Al Mihdhar

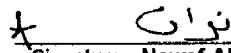
Date

Signature - Resident Name

Date

PACKAGE ACCEPTANCE PERMISSION

I hereby give permission for this office to accept packages on my behalf. I hold harmless the office and the representative of this office signing for the package(s) for any loss or damage of the package(s).


Signature - Nawaf Al Hazmi

Date


Signature - Khalid Al Mihdhar

Date

Signature - Resident Name

Date

FACTS AND FIGURES

This will be your new address : 6401 Mt. Ada Rd. #150, San Diego, Ca 92111

Your move-in date is : February 5, 2000

Your lease term is : 4 months

Application Fee (Non-Refundable) \$30.00

TOTAL SECURITY DEPOSIT \$775.00

Apartment Rent \$775.00
Renters Insurance \$8.00

Total Monthly Payment. \$ 783.00

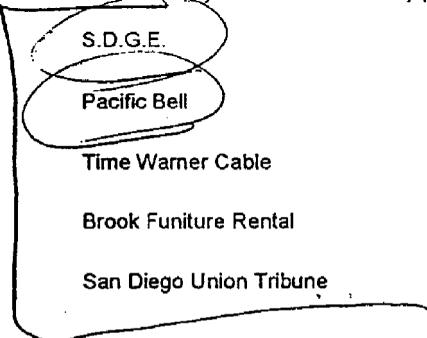
(-) Security Deposit Paid
(-) First Month's Special
TOTAL PAID/DISCOUNT <\$775.00>
< > M/I Special:
<\$ 775.00>

TOTAL DUE AT MOVE-IN \$ 783.00 *(On Approved Credit)*

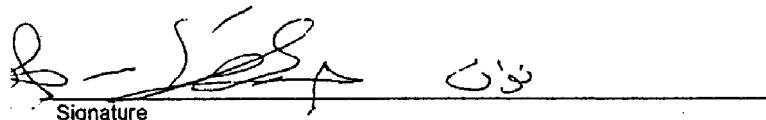
INITIAL _____ **CASHIERS CHECK OR MONEY ORDER ONLY**

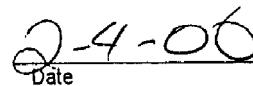
On the day of move-in we will need the following account numbers to complete your file. Without these numbers we will not be allowed to give you keys to your apartment.

We have taken the liberty to list the local utility phone numbers you will need to help make your moving in easier:

	800-411-7343	Account Number
Pacific Bell	800-310-2355	Account Number
Time Warner Cable	619-695-3220	Account Number
Brook Furniture Rental	858-549-4571	Account Number
San Diego Union Tribune	619-281-7292	Account Number

The phone connection is part of the rental procedure as a service to make your move-in more convenient. The service is through Pac Bell and will be turned on the day before you move-in. Ask your leasing consultant for details.


Signature


Date